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What's Up With the Clinic, Part III

David Farris MD, Board Chair

Noting that no one likes repetition, the Board of Directors of the White River Health District and the clinic will be asking again for the financial support of the voters of South County in the May Special Election. Here, I'll explain why. In future issues I'll delve into other challenges. Following Allison Bechtol, Board members Ashley Biesenthal and Melissa Napoli will share why they passionately donate their time and energy to community health.

It's understandable to ask where your money will go if the levy is renewed. Let's be clear: A Yes vote won't add a new tax. It would renew a small tax people had been paying for about a decade. Last November, 1.4% of the total tax assessment went to the clinic. On your last property tax bill, the line "White River Health" shows the exact amount you paid. If approved, the proposed levy would add back twice that amount. For example, a house with a market value of \$400,000 might have an assessed value of \$200,000. The existing permanent levy is 25 cents per \$1000 assessed value amounting to 200 quarters or \$50 a year. The optional levy would add 50 cents per \$1000 assessed value equaling \$100 a year or 28 cents a day.

People ask, is someone getting rich? That's an easy no. Our doctors and staff are underpaid, the Board are all volunteers. It's been asked what our finances are. "Ugly" is an easy answer. Our January budget shows a \$38,000 shortfall. This is not from mismanagement. We are in a challenging cycle: We have little patient revenue because we can't hire full time providers, we can't hire additional providers because we have little revenue.

We hope to cover the gap with grant money. Though grants might keep us at our low operational level until the next round of income from the permanent levy, major grants will not renew. We are actively seeking new grants, but— unsurprisingly—foundations aren't keen on giving money to a community enterprise the community isn't supporting. Another difficult cycle.

Will the clinic close? Good news—a unicorn landed. A PA with extensive clinical and administrative experience is very interested in the job. Some of you have met him. Small town primary care is his passion—why he got into medicine. He is seeking a new and

rewarding challenge, but can't rationally give up his current job to take on one with a hazy future. However, it's absolutely realistic to believe his expertise and long term commitment will attract patients, gradually building self-sustaining community health care.

Providing quality primary care takes community investment. A team of trained clinicians and support staff is required. That's why Oregon has 14 special St districts for healthcare. All have tax levy support. Our District, at a permanent rate of .25/1,000 is the lowest. Most levies are multiples of ours.

So why is local care important? Dr. Maile Anslinger, our current quasi-volunteer physician, has patients that need to be seen monthly. She has had to decline certain complex patients due to our lack of non-physician clinical staff—a dietician, nurses, aides, social support—needed to extend the doctor—make the decisions real. Having local, personalized care, vaccinations, and blood tests, etc., just up the street make a BIG difference. You get referrals by someone who knows you, knows how to help you navigate modern healthcare. This is no small feat. I know. I'm a patient, too.

Quality care is not free, but it's worth it. We have a window of opportunity that would be tragic to miss. Renewing that hundred bucks a year is a good investment—meaningful support for your friends and neighbors if not for yourself.

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